

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		
O.I.P.E. CLASSIFIER			11/18/99
FORMALITY REVIEW	<i>LA</i>	43 63390 63398	11/22/99 12/2/00 3/2/00

*RESPONDER*

INDEX OF CLAIMS

..... Rejected  
 ..... Allowed  
 (Through numeral) Canceled  
 ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here